


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State


02-13-2006 90018 020 ***150.00

DOCUMENT # P03549	
1. Entity Name CONTRACTORS BONDING AND INSURANCE COMPANY	

Principal Place of Business 1213 VALLEY STREET PO BOX 9271, QUEEN ANNE STATION SEATTLE, WA 98109	Mailing Address 1213 VALLEY STREET PO BOX 9271, QUEEN ANNE STATION SEATTLE, WA 98109
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60015057



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 91-1082952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BYERS, LARRY 34468 8TH AVE SW FEDERAL WAY, WA 98023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SIRKIN, DONALD 4735 WEST BERTONA SEATTLE, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ELAND, R KIRK 3439 MAGNOLIA BLVD. W SEATTLE, WA 98199 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAINES, STEVEN A. 1301 SPRING ST., #28J SEATTLE, WA 98104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OGLE, ROBERT M 28621 60TH CT SOUTH AUBURN, WA 98001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Donald Sirkin** 02/06/06 800-765-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

60015057

Compliance Department

P.O. Box 9271
Seattle, WA 98109-0271
(206) 628-7200
(206) 343-7978 FAX

February 6, 2006

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Contractors Bonding and Insurance Company
Re: 2006 for Profit Corporation Annual Report
Document # P03549
FET#: 91-1082952

Enclosed is a completed Profit Corporation Annual Uniform Business Report for Contractors Bonding and Insurance Company. A check in the amount of \$150.00 also is included.

Thank you for filing this report. If you have any questions, please feel free to contact me at 800-765-2242 or via e-mail at mercyr@cbic.com.

Sincerely,

CONTRACTORS BONDING AND
INSURANCE COMPANY

Mercy Rosaldo
Compliance Analyst

Enclosures

CC: File: Co1 C002u

O:\compliance\states\FL Annual Report.doc